



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

www.ahrq.gov

Experience of Care: Patient Safety and Clinical Quality

Carolyn M. Clancy, MD

Director

Agency for Healthcare Research and Quality

2011 Military Health System Conference

National Harbor, MD – January 25, 2011

Report Documentation Page				Form Approved OMB No. 0704-0188	
Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
1. REPORT DATE 25 JAN 2011		2. REPORT TYPE		3. DATES COVERED 00-00-2011 to 00-00-2011	
4. TITLE AND SUBTITLE Experience of Care: Patient Safety and Clinical Quality				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Agency for Healthcare Research and Quality, 504 Gaither Rd Suite 2000, Rockville, MD, 20850				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited					
13. SUPPLEMENTARY NOTES presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT Same as Report (SAR)	18. NUMBER OF PAGES 39	19a. NAME OF RESPONSIBLE PERSON
a. REPORT unclassified	b. ABSTRACT unclassified	c. THIS PAGE unclassified			

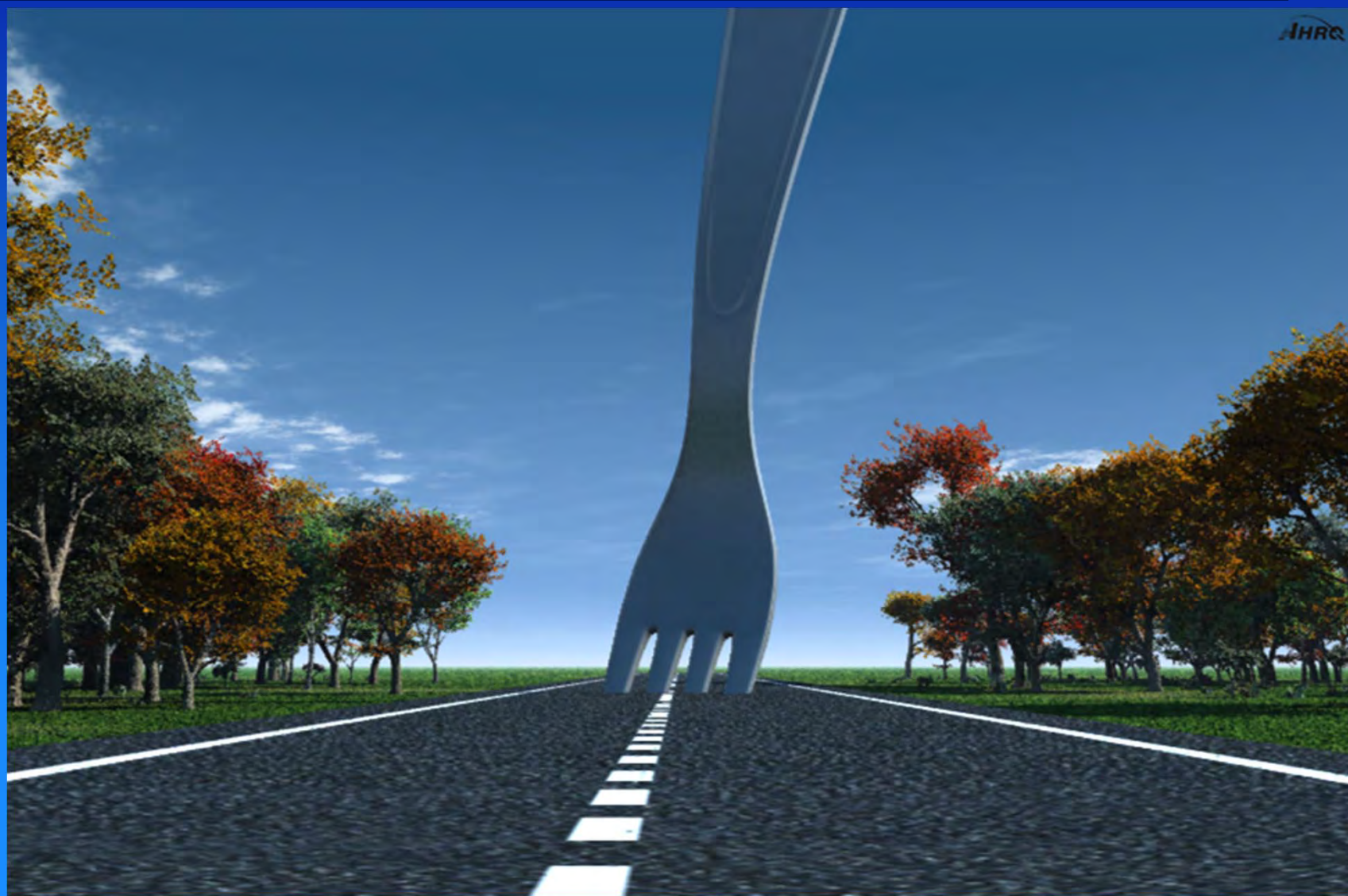


Why Quality Improvement Remains a Challenge

“The fundamental problem with the quality of American medicine is that we’ve failed to view delivery of health care as a science. ... That’s a mistake, a huge mistake.”

*Peter Pronovost, M.D., PhD,
Johns Hopkins Hospital*

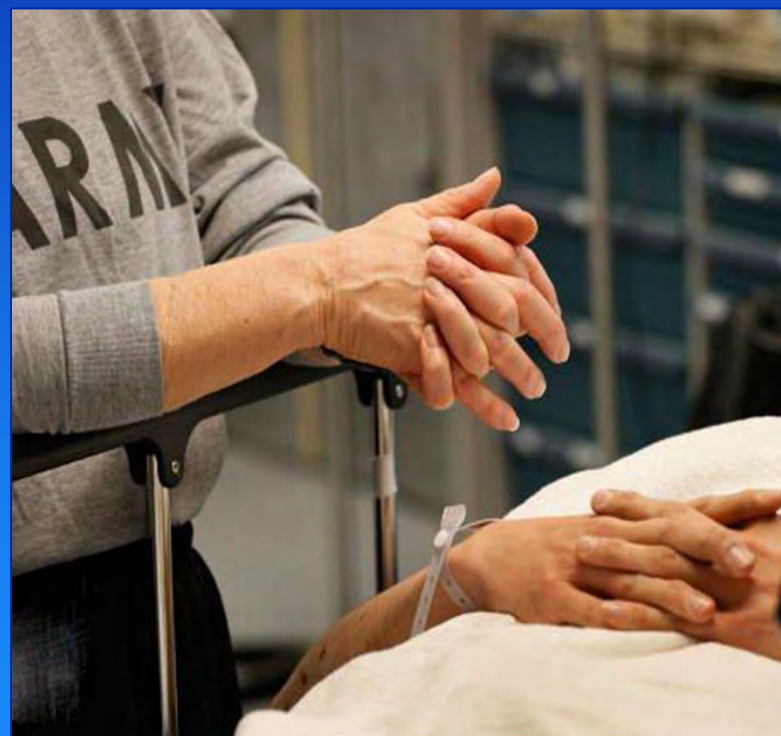




Research that Focuses on Patient Outcomes

Patient-Centeredness: The Final Frontier?

- Patient-centeredness may be the most challenging of all six domains of quality, because it is so difficult to define and measure
- But, it is also likely the most important, because it includes elements of all other domains





A Quality Agenda for System Transformation

- Recent legislation addresses:
 - Access
 - Affordability
 - Information technology
 - Performance measurement, reporting, and improvement
 - Evidence and information
 - Equity
 - Value
- Together, these components comprise a quality agenda

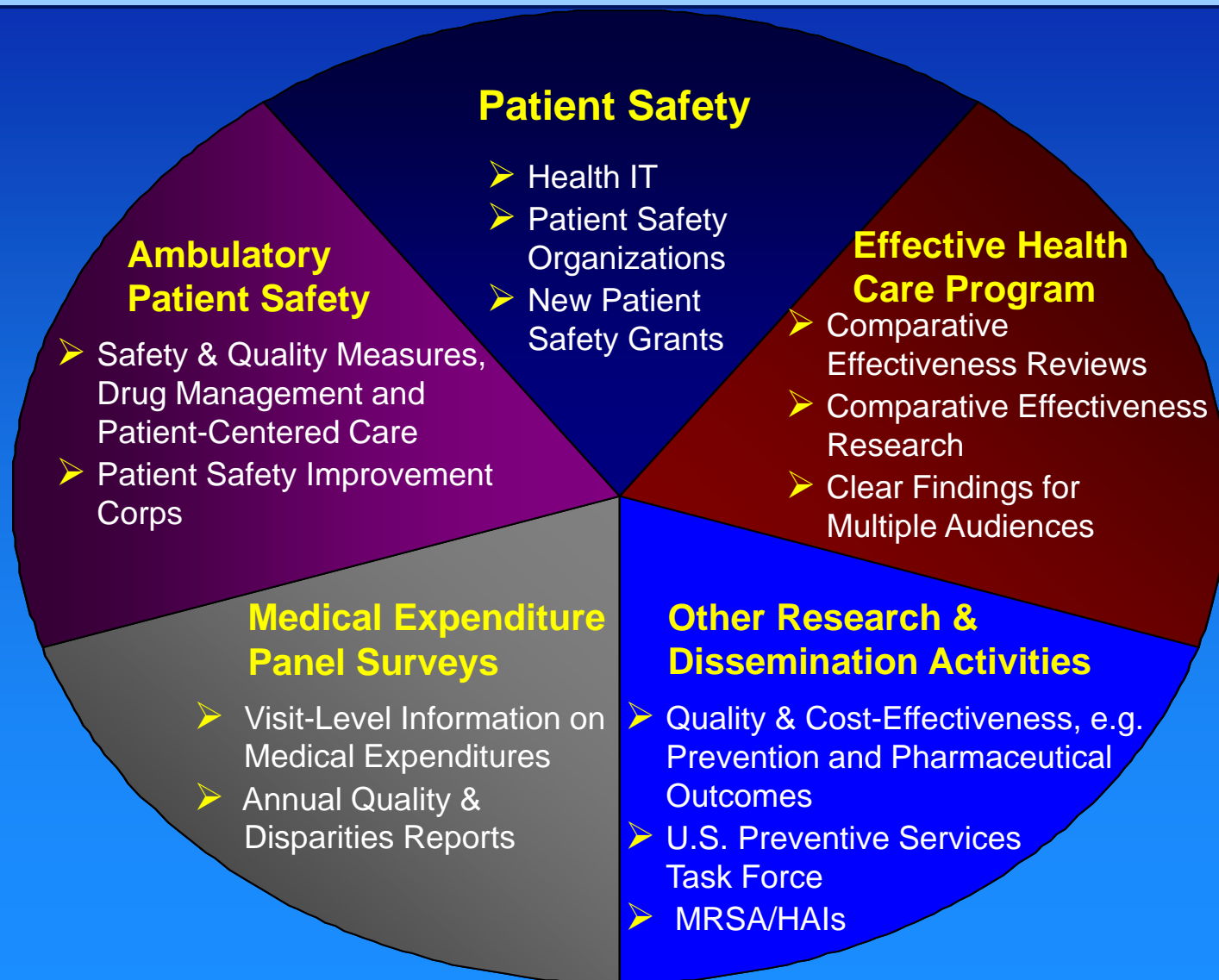


Experience of Care: Patient Safety and Clinical Quality



- **Building A Culture of Safety**
- Improving Quality Through Patient-Centered Outcomes Research
- 21st Century Health Care: A Patient-Centered Health System
- Questions

AHRQ Priorities



Military Health System Conference



January 24 – 27, 2011

Gaylord National Resort & Convention Center
National Harbor, MD

The Quadruple Aim: The MHS Value Model

Readiness

Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions.

Experience of Care

Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality.



Population Health

Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

Per Capita Cost

Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity.



The Quadruple Aim and AHRQ

AHRQ's mission and goals encompass much of the Quadruple Aim

Experience of Care

- Patient-centered, information-rich health care

Population Health

- Tailoring information to needs of specific patient populations

Value (Per capita cost)

- Patient-centered care in a value-driven health care environment

Readiness

- Delivering the right treatment, to the right patient, at the right time – every time



Building A Culture of Safety

- MHS engages in several AHRQ quality improvement initiatives, including:
 - Hospital Survey on Patient Safety Culture
 - Helps hospitals assess the culture of safety in their institutions
 - Patient Safety Indicators
 - Helps health system leaders identify potential adverse events occurring during hospitalization
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - Standardized survey and data collection for measuring patient perspectives on hospital care
 - Common Formats
 - MHS participates in development of Common Formats for reporting patient safety events to Patient Safety Organizations (PSOs)



Advances in Combat Health Care



“What we’ve seen in the wars in Iraq and Afghanistan is a dramatic reduction in the death rate for troops wounded by roadside bombs, by sniper attacks. Troops are receiving tremendous wounds that were not survivable before.”

*Atul Gawande, MD
AHRQ Annual Conference
September 28, 2010*



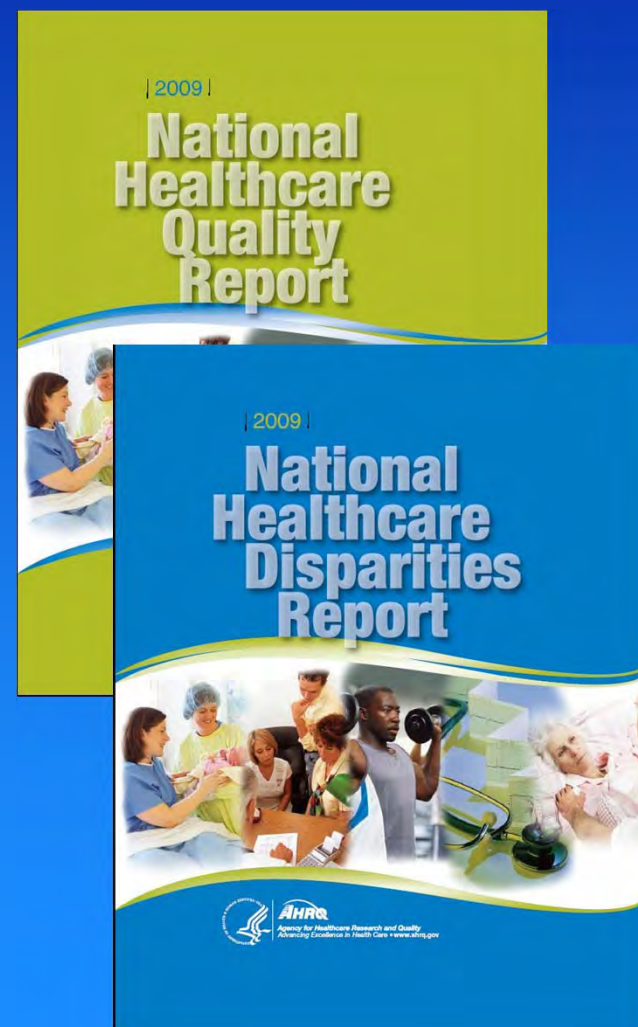
Benefits of MHS to the U.S. Health Care System

- One of the largest health systems in the nation, the Military Health System has contributed greatly to national efforts toward interoperability
- Provides an opportunity for the U.S. health care system to examine proposed solutions for expanding service to diverse populations
- Offers health service researchers a window into the challenges that the future transformed health system might face
- Constant innovation in the military system's delivery of health care is relevant at the national level




But Overall, the Pace of Improvement in the U.S. is Slow

- Quality is improving, but the pace is slow (median rate about 2% a year), especially for preventive care and chronic disease management
- Some areas merit urgent attention, including patient safety and health care-associated infections
- Many disparities are not decreasing





2009 Quality Report: Key Findings

- Median level of patients receiving needed care was 58% for core quality measures
 - Among outcomes measures tracked for HAIs, only one improved (adults surgery patients with post-operative pneumonia) while 3 worsened, especially postoperative sepsis.
 - **Improvement is slow:** a 2% median rate of change/year among 33 core measures
 - Improvements spread unevenly across care settings, with hospital care improving at annual rate of 6%, compared to 1% for outpatient settings
- 



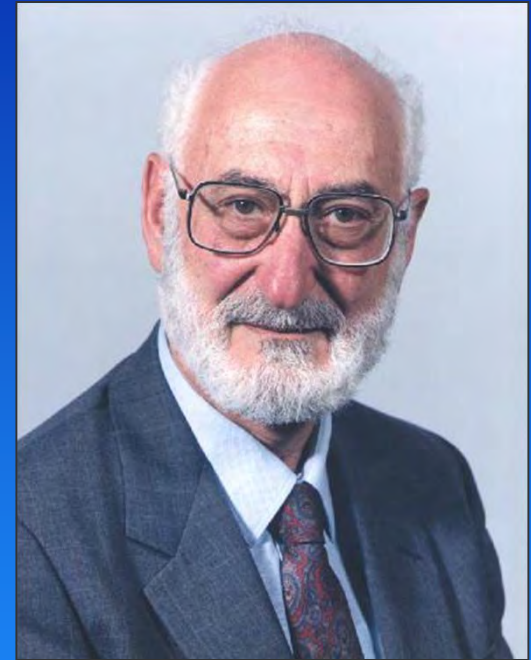
Experience of Care: Patient Safety and Clinical Quality



- Building A Culture of Safety
- **Improving Quality Through Patient-Centered Outcomes Research**
- 21st Century Health Care: A Patient-Centered Health System
- Questions

Avedis Donabedian on Patient-Centered Care

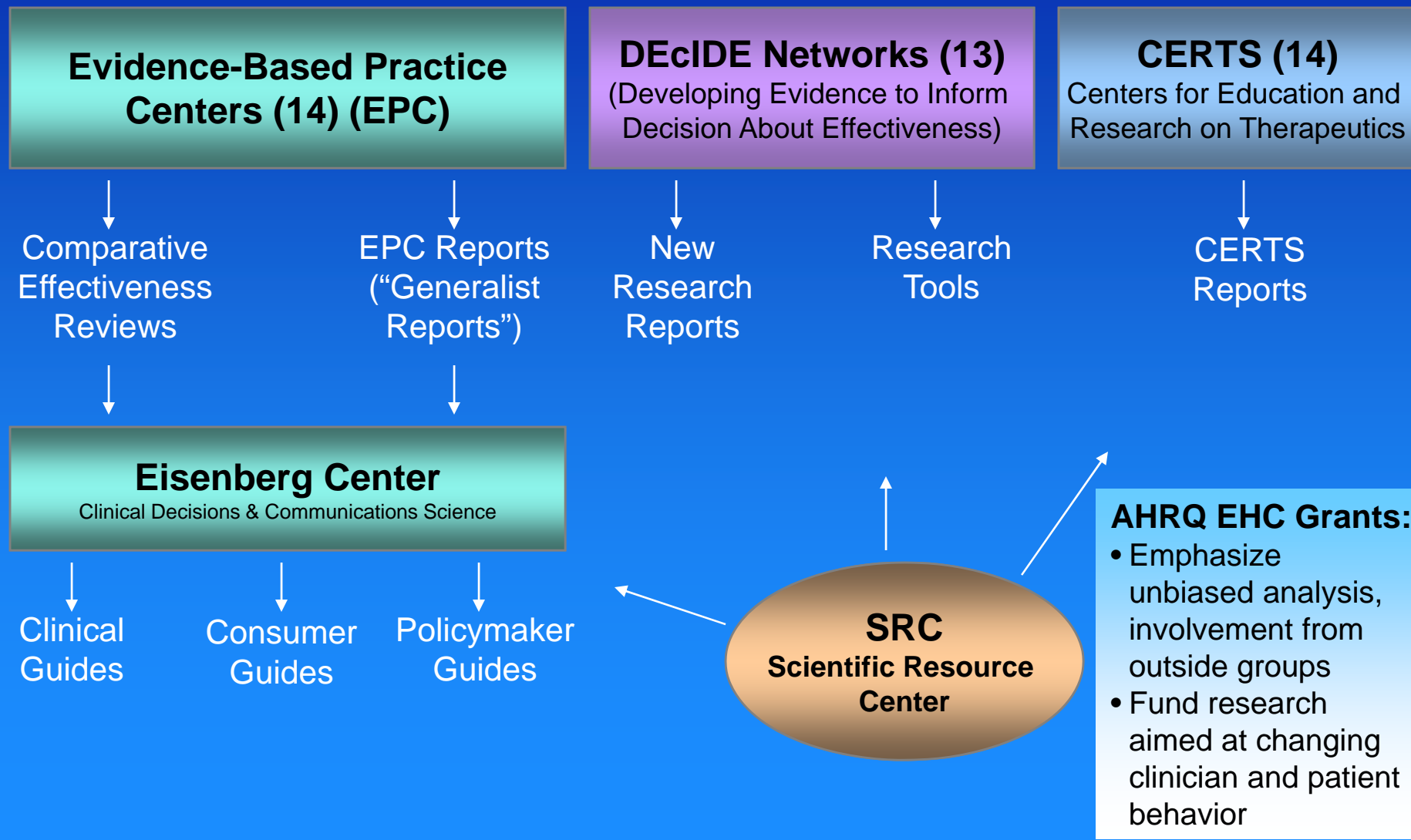
- “Our criteria and standards need to be more flexibly adaptable to the finer clinical peculiarities of each case. In particular, we need to learn how to accurately elicit the preferences of patients to arrive at truly individualized assessments of quality.”



The Quality of Care: How Can It Be Assessed?
JAMA 1988;260:1743-1748



AHRQ's Effective Health Care Program (EHC)



EHC Summary Guides

Policymakers

Effective Health Care

Particle Beam Radiation Therapies for Cancer

A SUMMARY FOR POLICYMAKERS

Particle beam radiation therapy (PBRT) is an alternative to other types of radiation therapies for treating cancer. This summary reviews the different types of PBRT, their potential advantages and disadvantages, and their current uses. At present, there is very limited evidence comparing the safety and effectiveness of PBRT with other types of radiation therapies for people with cancer. Therefore, it is not possible to draw conclusions about the comparative safety and effectiveness of PBRT at this time.


POLICY ISSUE

PBRT has theoretical advantages that might make it safer or more effective than other types of radiation therapy for treating certain cancers. However, PBRT facilities are not available in many areas and are expensive to build and operate. Moreover, there is limited clinical evidence that directly compares PBRT with other types of radiation therapy. Policymakers must weigh several considerations when deciding whether to invest in or use PBRT. This summary outlines the theoretical pros and cons of PBRT and provides a profile of the costs and current uses of this technology.

BOTTOM LINE

- Most studies of PBRT have looked at its use in treating tumors that are inoperable or adjacent to critical body parts, such as tumors of the eye, head, neck, and spine.
- Over 90,000 people worldwide have been treated with PBRT since the 1970s.
- There are at least 30 operating PBRT facilities in the world; 7 are in the United States.
- The current cost of building a PBRT facility in the United States ranges from \$20 million to \$175 million, depending on the size and scope of the facility.
- Evidence about the effectiveness and harms of PBRT compared with other cancer treatments is lacking.

SOURCE: The source material for this summary is a Technical Brief, Particle Beam Radiation Therapies for Cancer (2009). The Technical Brief was prepared by the Tufts Medical Center Evidence-based Practice Center. The Agency for Healthcare Research and Quality (AHRQ) funded the Technical Brief and this summary. This summary was developed using feedback from policymakers who reviewed preliminary drafts. The full Technical Brief is available at www.effectivehealthcare.ahrq.gov.

 September 2009

Clinicians

Effective Health Care Program

Clinician Guide
Heart and Blood Vessel Conditions
Atrial Fibrillation

Radiofrequency Ablation for Atrial Fibrillation

This guide summarizes the clinical evidence on the effectiveness and safety of catheter-based radiofrequency ablation (RFA) compared with anti-arrhythmic drugs (AADs) for the treatment of atrial fibrillation (AF). This guide does not address other aspects of AF treatment, including anticoagulation, rate control medications, or treatments other than RFA and AADs used to restore sinus rhythm.

Clinical Issue

Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia. AF can be paroxysmal, persistent (more than 7 days), or chronic (more than 1 year). AF often causes significant symptoms, such as palpitations, shortness of breath, and fatigue, and is associated with a threefold increased risk of stroke and approximately a twofold increased risk of death. Many people with AF can be adequately treated with drugs that control heart rate without restoring normal heart rhythm. However, for some people, rate control alone does not relieve the symptoms. These people may benefit from therapies to restore normal cardiac rhythm. Sometimes a normal rhythm can be maintained with medications, but anti-arrhythmic drugs (AADs) can have serious side effects.

An alternative method for restoring normal cardiac rhythm is radiofrequency ablation (RFA). With RFA, a catheter is advanced into the heart and positioned in the area of an abnormal electrical circuit. On contact, the catheter tip heats the cardiac tissue using radiofrequency energy. The resulting tissue destruction prevents the abnormal electrical signals from being conducted. Several different ablation techniques are used for AF. With most techniques, the ablation targets are sites in the pulmonary veins and the left atrium.

Clinical Bottom Line

Evidence is insufficient to determine the effectiveness of RFA as first-line therapy compared with AADs.

Among patients with AF who have failed at least one course of AADs, RFA is more effective than another trial of AADs for maintaining sinus rhythm at 1 year.
Level of Confidence: ●●●

Serious complications are uncommon after RFA, but stroke and cardiac tamponade each occur in about 1 percent of cases.
Level of Confidence: ●●●


Confidence Scale

The confidence ratings in this guide are derived from a systematic review of the literature. The level of confidence is based on the overall quantity and quality of clinical evidence.

High ●●● There are consistent results from good quality studies. Further research is very unlikely to change the conclusions.

Moderate ●●● Findings are supported, but further research could change the conclusions.

Low ●●● There are very few studies, or existing studies are flawed.



Consumers

Effective Health Care Program

Cuando se tiene una biopsia del seno

Guía para las mujeres y sus familias



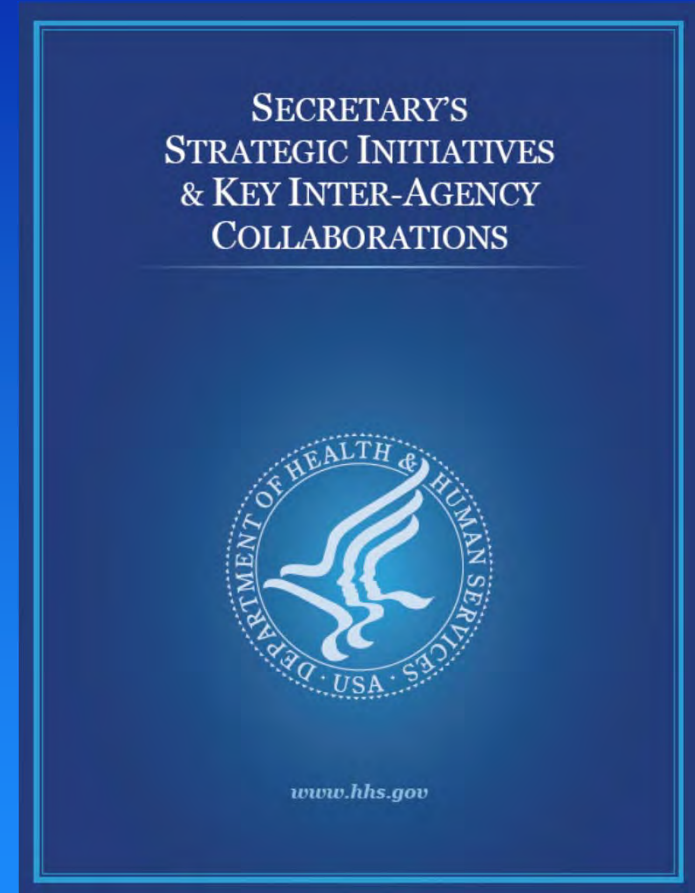
 Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Summarize research review findings on the benefits and harms of different treatment options. Provide useful background on health conditions. Medication guides contain basic wholesale price information.



HHS Strategic Plan

- The Secretary's Nine Strategic Priorities Include:
 - Transform Health Care
 - Implement the Recovery Act
 - Accelerate the Process of Scientific Discovery to Improve Patient Care





Agenda for Health System Transformation

- Recent legislation addresses:
 - Access
 - Affordability
 - Information technology
 - Performance measurement, reporting, and improvement
 - Evidence and information
 - Equity
 - Value
- Together, these components comprise a quality agenda





American Recovery and Reinvestment Act of 2009

- AHRQ's Effective Health Care Program created by Medicare Modernization Act of 2003
- From 2005-2009, received \$129 million from Congress for CER
- Program has published more than 45 products, including guides for clinicians and consumers
- The American Recovery and Reinvestment Act contained \$1.1 billion for comparative effectiveness research, including \$300 million to AHRQ



Patient Protection and Affordable Care Act

■ Health Measurement and Improvement Elements:

- Interagency working group on quality
- Quality measure development
- Data, collection, analysis and public reporting
- Standardized approaches to data on race, ethnicity, disability status, and language for all federal programs by 2010
- Extends Medicare requirements for data collection to Medicaid and CHIP





Patient-Centered Outcomes Research Institute

- Sets priorities and coordinates with existing agencies that support patient-centered outcomes research
- Prohibits findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards
- Provides funding for AHRQ to disseminate research findings of the Institute and other government-funded research, and to train researchers on patient-centered outcomes research and build capacity for research





What's Next? National Health Care Quality Strategy

- Part of Affordable Care Act
- Builds on work of federal, state, local and private initiatives; identifies what works and what needs improvement
- Move from provider-level transparency to a patient-focused approach





National Strategy for Quality: Three Pillars





Experience of Care: Patient Safety and Clinical Quality

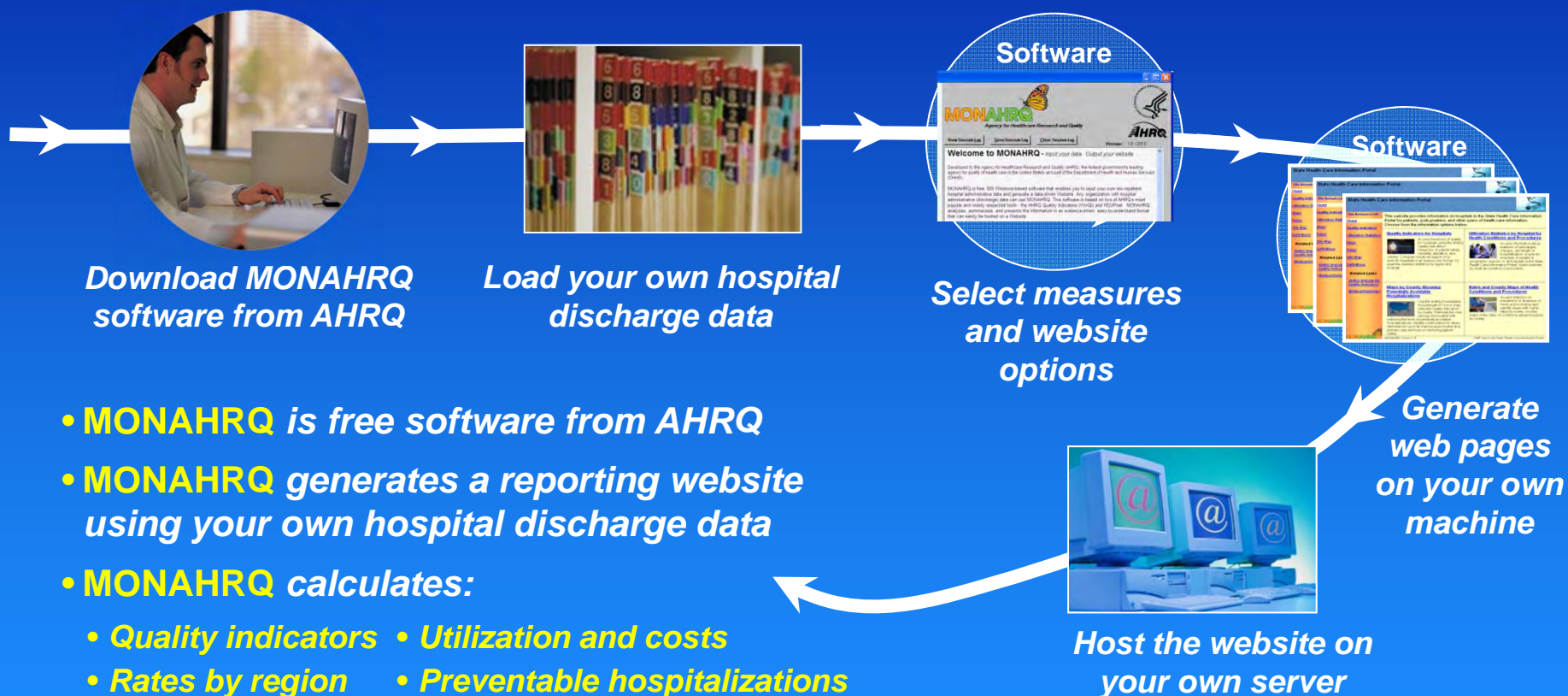


- Building A Culture of Safety
- Improving Quality Through Patient-Centered Outcomes Research
- **21st Century Health Care: A Patient-Centered Health System**
- Questions

MONAHRQ



my own network, powered by AHRQ



- **MONAHRQ** is free software from AHRQ
- **MONAHRQ** generates a reporting website using your own hospital discharge data
- **MONAHRQ** calculates:
 - **Quality indicators**
 - **Utilization and costs**
 - **Rates by region**
 - **Preventable hospitalizations**
- **MONAHRQ** lets you control your data and your website

Input your data. Output your website. monahrq.ahrq.gov



States Are Using New MONAHRQ Tool: Nevada & Hawaii Web Sites Now Live

Hawaii Health Information Corporation - Hawaii's Source for Healthcare Data - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://hhic.org/publicreports.asp> Go Links

 **HAWAII HEALTH INFORMATION CORPORATION**
Hawaii's Source for Healthcare Data

HOME
QUESTIONS
CONTACT US
SITEMAP

DATA & RESEARCH HHIC PUBLIC REPORTS RESOURCE INFORMATION ABOUT HHIC

HHIC : HHIC Public Reports

HHIC PUBLIC REPORTS...Generated by MONAHRQ

HHIC Public Reports...generated by MONAHRQ is an interactive querying site that users can navigate to learn about health care. MONAHRQ is a software product that enables organizations – such as HHIC – to input data and generate a data-driven Web site.

HHIC Public Reports website presents information in a ready to use format on:

- rates of conditions and procedures at the county level, and
- preventable hospitalizations at the county level.

 to access HHIC Public Reports. Questions? Contact info@HHIC.org or 1-808-534-0288.

 **MONAHRQ**
Input your data. Output your results.

SPONSORS

 **Mountain-Pacific**
Quality Health

[data & research](#) | [hhic public reports](#) | [resource information](#) | [about hhic](#)

Last Update: 09/27/2010

DISCLAIMER
Please visit our [Legal Notice/Statement](#) page for information concerning usage of data from the Hawaii Health Information Corporation Web site.

Done Internet

start O... N... N... F... Sh... Pr... C... Ha... Desktop 5:16 PM



AHRQ Health Care Innovations Exchange

Web-based Repository of Cutting-Edge Service Innovations

- National electronic learning hub for sharing health care service innovations, bringing innovators and adopters together
- Searchable database featuring innovation successes and failures, expert commentaries, lessons learned, etc.,
- Designed to help health care “Agents of Change” improve quality

The screenshot displays the AHRQ Health Care Innovations Exchange website. The header includes the AHRQ logo and the tagline 'Innovations and Tools to Improve Quality and Reduce Disparities'. A search bar on the right shows the results for the query 'women', indicating 108 Innovation Profiles, 223 QualityTools, 1 Learn & Network result, and 1 Resources result. The left sidebar contains a navigation menu with links to Home, About, Browse by Subject, QualityTools, Learn & Network, Resources, Submit Your Innovation, AHRQ Funding Opportunities, FAQ, and Contact Us/Subscribe. The main content area is titled 'Search results for: women' and lists three innovation profiles under the 'P Innovation Profiles' section. The first profile is 'Personalized Support Improves Patient-Physician Communication and Enhances Decision Making for Breast Cancer Patients' (09/16/2009) from the University of California San Francisco. The second is 'Crisis Management Simulation Course Receives Positive Reviews, Enhances Communication and Teamwork Among Labor and Delivery Practitioners During Crises' (12/16/2009) from Crisis Resource Management. The third is 'Online Access to Low-Dose Birth Control Reduces Barriers to Reproductive Health' (07/02/2009) from Planned Parenthood of the Columbia/Willamette. Below these, there is a link to 'List all 108 Innovation Profiles'. The 'Q QualityTools' section lists three tools: 'Food Safety for Moms-to-Be Toolkit' (05/05/2008), 'Drinking and Reproductive Health: A Fetal Alcohol Spectrum Disorders Prevention Tool Kit' (04/14/2008), and 'Now That You've Tested Positive For Group B Strep (GBS), Learn How to Help Protect Your Baby' (06/09/2008).

www.innovations.ahrq.gov



NHQR Findings: Health Care-Associated Infections (HAIs)

Process Measures	Annual rate of Improvement (%)
Adult surgery pts. who received prophylactic antibiotics w/in 1 hr. before surgical incision	26.4
Adult surgery pts. who had prophylactic antibiotics discontinued w/in 24 hrs. after surgery end time	32.9
Outcome Measures	
Adult surgery pts. w/postoperative pneumonia	11.6
Adult surgery pts. w/postoperative catheter-related UTI	-3.6
Postoperative sepsis	-8.0

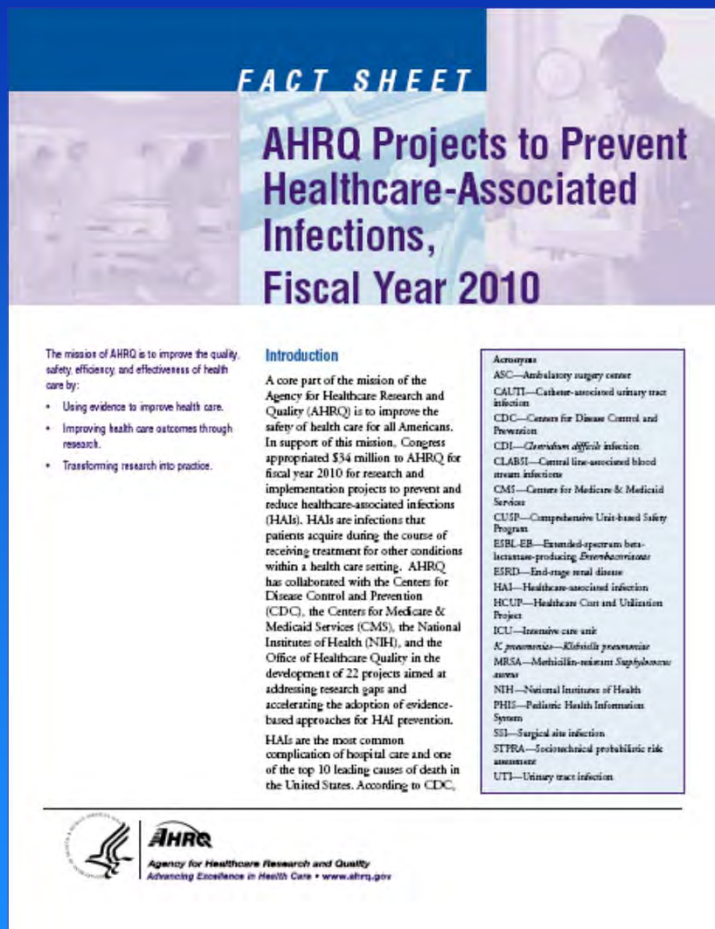


Keystone ICU Project: Low Central Line-Associated Bloodstream Infection (CLABSI) Rates Sustained

- More than 100 participating ICUs in Michigan have maintained near-zero rates beyond initial 18-month target, for an additional 18 months
- Key factors to sustainability, as noted by participating ICU teams:
 - Continued feedback of infection data
 - Improvements in safety culture as a result of the project
 - Reducing infections rates was a shared goal rather than a statewide competition
 - “An Unremitting belief in the preventability of bloodstream infections”



\$34 Million to Expand Fight Against HAIs



■ **Goal:** To help expand efforts to fight HAIs in hospitals, ESRD clinics, and ambulatory care and long-term care settings

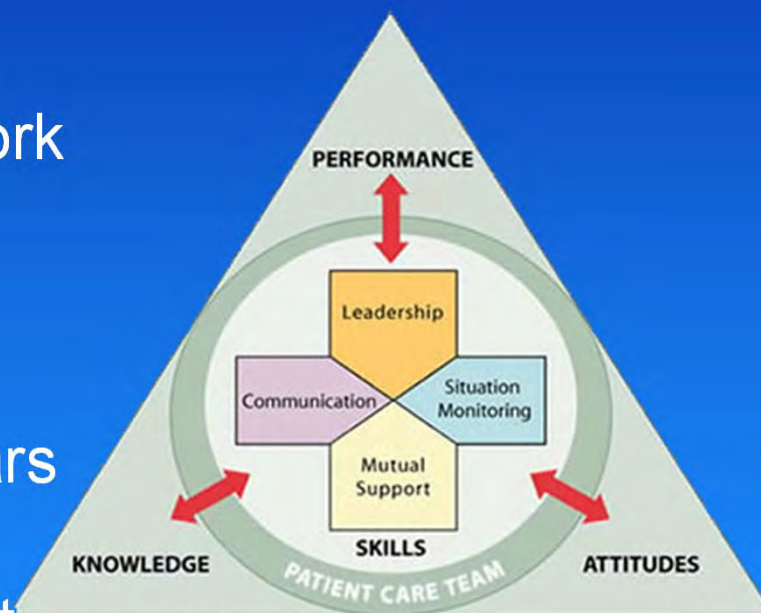
■ AHRQ has collaborated with CDC, CMS, and NIH to identify research gaps to improve HAI prevention

Complete list of institutions and projects funded available at:
www.ahrq.gov/qual/haify10.htm

Improving Patient Safety with TeamSTEPPS®

■ TeamSTEPPS®:

- Evidence-based teamwork system to improve communication and teamwork
- Ready-to-use curriculum to integrate into all areas of health system
- Rooted in more than 20 years of research
- Developed by DoD's Patient Safety Program in collaboration with AHRQ



www.teamstepps.ahrq.gov



Improving Patient Safety with TeamSTEPPS®

- Three phases of TeamSTEPPS
 - **Assess the need:** Determine an organization's readiness
 - **Plan, train and implement:** Options include all of tools and strategies, a phased-in approach, or individual tools at specific intervals
 - **Sustainment:** Sustain and spread improvements in teamwork performance, clinical processes and outcomes resulting from TeamSTEPPS initiative



National Implementation of TeamSTEPPS®

- To meet demand, AHRQ and DoD have teamed with American Institutes for Research to build a national training and support network
- **Five team resource centers:** Duke Medical Center (NC), Carillion Clinic (VA), U-Minnesota Fairview Hospital (MN), Creighton University Medical Center (NE), and U-Washington Medical Center (WA)
- Resource centers creating national network of master trainers, who offer TeamSTEPPS training to frontline providers



The U.S. Health Information Knowledge Base (USHIK)

Metadata Registry of Health Care Interoperability Standards

- AHRQ-funded collaboration of federal agencies including the Military Health System
- Maintains the Metadata Registry, providing a one-stop-shop for easy comparisons of health data standards to support health care initiatives:
 - The Healthcare Information Technology Standards Panel
 - AHRQ's Center for Quality Improvement and Patient Safety (CQuIPS)
 - State All-Payers Metadata, facilitating cross-mapping and harmonization efforts

Keeping the Patient at the Center



- Quality is defined as care that is safe, timely, effective, efficient, equitable and patient-centered
- Patient-centeredness is perhaps the most difficult goal to achieve
- But it's the most important, because it's why we're here

Future Directions/Questions

- How do we motivate patients to seek reliable health information and use it to make decisions?
- How do we drive the message that charting the path to high quality, affordable care is a team sport?
- How do we continue building on foundations in comparative effectiveness research, health IT, quality and safety?
- How do we make health systems easier to navigate?





Thank You



AHRQ Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans

AHRQ Vision

As a result of AHRQ's efforts, American health care will provide services of the highest quality, with the best possible outcomes, at the lowest cost

www.ahrq.gov